

FORM TO BE USED BY PRISONERS IN FILING A COMPLAINT
UNDER THE CIVIL RIGHTS ACT, 42 U.S.C. Sec. 1983

FILED

IN THE UNITED STATES DISTRICT COURT U.S. DISTRICT COURT
EASTERN DISTRICT OF ARKANSAS EASTERN DISTRICT ARKANSAS
EASTERN ~~Western~~ DIVISION

APR 17 2015

JAMES W. McCORMACK, CLERK

By: RBe DEF. CLERK

ADC # 711445

U. Stacy Hammerle
P.O. Box 1010
Wrightsville, Arkansas 72183
(Enter above the full name of the
plaintiff, or plaintiffs, in this
action.)

V.

CASE NO 4:15-CV-221-SWW

Dr. Gourecanti
St. Edwards Medical Center
2nd Floor, Ft. Smith, Ar 72901
(Enter above the full name of
defendant or defendants, in
this action.)

This case assigned to District Judge Wright
and to Magistrate Judge Ray

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court
dealing with the same facts involved in this action?

Yes _____ No ☒

- B. If your answer to A is yes, describe each lawsuit in
the space below. (If there is more than one lawsuit,
describe the additional lawsuits on another piece of
paper, using the same outline.)

1. Parties to this lawsuit

Plaintiffs: _____

Defendants: _____

2. Court (If federal court, name the district; if stat
court, name the county: _____

3. Docket Number: _____
4. Name of Judge to whom case was assigned: _____
5. Disposition (for example: Was the case dismissed was it appealed? Is it still pending?): _____
6. Approximate date of filing lawsuit: _____
7. Approximate date of disposition: _____

II. Place of present Confinement: Wrightsville, Hawkins
Womens Unit, Wrightsville Ar. P.O Box 1010 72183

III. There is a prisoner grievance procedure in the Arkansas Department of Correction. Failure to complete the grievance procedure may affect your case in federal court.

A. Did you present the facts relating to your complain in the state prisoner grievance procedure?

Yes _____ No ☒

B. If your answer is YES, Attach copies evidencing completion of the final step of the grievance appeal procedure. FAILURE TO ATTACH THE REQUIRED COPIES MAY RESULT IN THE DISMISSAL OF YOUR COMPLAINT.

C. If your answer is NO, explain why not: _____

Keyos System

IV. Parties

(In item A below, place your name in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff: Stacy Lynn Hammerle
Address: P.O Box 1010 Wrightsville, Ar. 72183

Name of plaintiff: _____

Address: _____

Name of plaintiff: _____

Address: _____

(In Item B below, place the full name of the defendant in the first blank, his official position in the second blank, his place of employment in the third blank, and his address in the fourth blank.)

Defendant: Dr. Gourecanti
Position : oncologist
Place of employment: St. EDWARDS MEDICAL CENTER
Address: 2nd Floor St. Edwards FT. Smith, Ar. 72901

Defendant: DR. NABIL AKKAD
Position : oncologist
Place of employment: Sparks Medical Center
Address: Ft. Smith, Ar. 72908 sparks medical plaza
Ph. 479-573-7940

Defendant: Dr. Raed Khairy
Position : oncologist
Place of employment: Sparks Medical Center
Address: Sparks Medical Plaza, FT. Smith, Ar. 72908
Ph. 479-709-7447

Defendant: Jane Doe
Position : Nurse
Place of employment: Sparks Medical Center
Address: Sparks Medical Center, Ft. Smith, Ar. 72908

Defendant: _____
Position : _____
Place of employment: _____
Address: _____

V. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

Admitted I was to Sparks Medical hospital for staph infection in my left arm. I was in the hospital for about 5 days. Upon being released I was made appointments. One being for a routine 1st mammogram at Sparks medical plaza womens Breast Center. After a ~~biopsy~~ ^{mammogram} I was called ~~back~~ back in and told I had Lobular Carsanoma Insitu by the Dr's. Akkad or Khairy. They then scheduled me for a biopsy. I was then scheduled to see another doctor at Womens breast center in Fayetteville Arkansas who also told me I had Lobular Carsanoma Insitu, ~~and~~ I also was referred to Dr. Gourecanti at St. Edwards Womens Clinic in Ft. Smith Arkansas who also told me I had Lobular Carsanoma Insitu. During all of this I was never once told I had Invasive breast cancer until I came to prison and pressed to see a Dr. They took me to U.A.M.S to a Dr. OF Oncology Dr. Henry-Tillman where I was treated for Invasive breast cancer.

VI. Relief

State briefly exactly what YOU want the court to do for YOU. Make no legal arguments. Cite no cases or statutes.

Whatever the court feels
far and needs at all catalogs
Punitive & Monetary Damages

I declare under penalty of perjury (18 U. S. C. § 1621) that the foregoing is true and correct.

Executed on this 15 day of April, 2015.

Crystal N. Lee



April 15, 2015

Stacy Hammerle #711445
P.O. Box 1010 Wrightsville, AR 72183
Stacy Hammerle
Signature(s) of plaintiff(s)